



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
KARL B. KURTZ – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 23, 2006

FILE COPY

Daniel W. Knight RN, Administrator
Western Visiting Nurses, Inc
1400 Benton
Idaho Falls, ID 83401

RE: WESTERN VISITING NURSES, INC Provider #137025

Dear Mr. Knight:

This is to advise you of the findings of the Recertification survey for Western Visiting Nurses, which was concluded on August 8, 2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing licensure deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency specifically indicating how the problem will be corrected so it does not continue to recur (Do not address the examples and/or why the deficiency occurred); state who will monitor the deficient system to insure continued compliance, indicating when and how often monitoring will occur; and give the date each deficiency has been or will be corrected.

After each deficiency has been answered and dated, sign and date the forms in the spaces provided and return the originals to this office by **September 5, 2006**.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at 208-334-6626.

Sincerely,

Deb Dore
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Supervisor
Non-Long Term Care

VL/slc

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2006
NAME OF PROVIDER OR SUPPLIER WESTERN VISITING NURSES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BENTON IDAHO FALLS, ID 83401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your home health agency. The surveyors conducting the survey were: Deb Dore', RN, HFS Team Coordinator Penny Salow, RN, HFS	G 000			
G 143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure liaison between personnel was maintained to effectively coordinate patient care for 5 of 7 sampled patients (#3, 4, 7, 10 and 11), whose records contained orders for therapy services. The findings include: 1. Records were reviewed and the following issues were identified: * Patient #11 was admitted for home health services on 5/4/06. The patient's record contained a physician's order for home health services, including physical therapy, dated 5/4/06. The physical therapy evaluation/visit was not completed until 6/19/06.	G 143	SEE Attached Plan of correction		
			RECEIVED SEP - 5 2006 FACILITY STANDARDS		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David W. [Signature] *Clinical Director* *8/31/06*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 143	<p>Continued From page 1</p> <p>* Patient #3 was admitted for home health services on 7/25/06. The patient's record contained a physician's order for home health and physical therapy evaluation, dated 7/24/06. The patient's nursing assessment, completed 7/25/06, also included an order for occupational therapy to evaluate the patient. The physical therapy and occupational therapy's initial evaluations were not completed until 8/2/06.</p> <p>* Patient #7 was admitted for home health services on 3/28/06. The patient's record contained a physician's order, dated 4/27/06, for physical therapy to evaluate the patient. The physical therapy evaluation was not completed until 5/3/06.</p> <p>* Patient #10 was admitted for home health services on 5/3/06. The patient was to receive services from physical therapy and occupational therapy. The patient's record contained a physical therapy evaluation dated 5/10/06.</p> <p>* Similarly, Patient #4 had an initial physical therapy visit/evaluation that was not completed for 10 days after the referral date.</p> <p>2. An interview was conducted with the Director of Nursing on 8/8/06 at 9:45 AM. She stated she did not know who was responsible for the therapists' late visits. She stated therapists were contracted personnel and agency nursing staff were to contact them when referrals were received. She was unable to find documentation to show when the therapists were contacted about the orders for therapy evaluations.</p>	G 143	<p><i>see attached plan of correction</i></p>		

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G 157	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure home health therapy services were initiated without delay for 5 of 7 sampled patients (#3, 4, 7, 10 and 11), whose records were reviewed. The findings include:</p> <p>1. During review of agency therapy contracts on 8/8/06, the following was identified: "Start of care comprehensive assessments must be initiated within 48 hours of (a) referral, (b) official discharge from an institution, or (c) the physician-ordered start of care." Contractural agreements were not followed as evidenced by:</p> <p>* Patient #11 was admitted for home health services on 5/4/06. The patient's record contained a physician order for home health services, including physical therapy, dated 5/4/06. The physical therapy evaluation/initial visit was not completed until 6/19/06. This was a 46-day delay.</p> <p>* Patient #3 was admitted for home health services on 7/25/06. The patient's record contained a physician's order for home health services including a physical therapy evaluation, dated 7/24/06. The patient's nursing assessment, completed 7/25/06, also included an order for occupational therapy to evaluate the patient. The</p>	G 157	<p><i>See attached Plan of correction</i></p>		

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G 157	<p>Continued From page 3</p> <p>physical therapy and occupational therapy evaluation/initial visits were not completed until 8/2/06. This was a 6-day delay.</p> <p>* Patient #7 was admitted for home health services on 3/28/06. The patient's record contained a physician's order, dated 4/27/06, for physical therapy to evaluate the patient. The physical therapy evaluation was not completed until 5/3/06, a delay of 6 days.</p> <p>* Patient #10 was admitted for home health services on 5/3/06. The patient was to receive services from physical therapy and occupational therapy. The patient's record contained a physical therapy evaluation dated 5/10/06. This was a 7-day delay.</p> <p>* Similarly, Patient #4 had an initial physical therapy visit/evaluation that was not completed for 10 days after the referral date.</p> <p>2. An interview was conducted with the Director of Nursing on 8/8/06 at 9:45 AM. She was unable to determine why the visits had not been made according to the therapy contracts.</p>	G 157	<p><i>See attached Plan of correction</i></p>		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2006
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N 000	INITIAL COMMENTS The following deficiency was cited during the State licensure survey of your home health agency. The surveyors conducting the State licensure survey were: Deb Dore', R.N., H.F.S., Team Leader Penny Salow, R.N., H.F.S.	N 000		
N 151	03.07030.PLAN OF CARE N151 030. PLAN OF CARE. Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's plan of care. This Rule is not met as evidenced by: Refer to Federal deficiency G157, as it relates to the failure of the agency staff to ensure care was provided without a delay in services.	N 151	See attached Plan of correction	

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FACILITY STANDARDS

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

WQJX11

TITLE

Clinical Director

(X6) DATE

8/31/06

If continuation sheet 1 of 1

Survey completed: 8/8/2006

PLAN OF CORRECTION

Western Visiting Nurses, Inc. has a 23-year history of compliance with regulation in the provision of Home Health Care to Medicare and Medicaid beneficiaries in Idaho. The management team at Western Visiting Nurses, Inc. is committed to improving the professionalism of its employees and contractors and to returning its documentation of care to former levels.

We take the following actions to ensure compliance with the Conditions of Participation with respect to the deficiencies cited following the Facility Survey ending August 8, 2006. The Board of Directors has met and empowers Mr. Dex Miles, MBA, Administrator, and Mr. Daniel Knight, RN, Clinical Director, to assure that the following actions are completed by September 15, 2006.

General Systemic Improvements:

The deficiencies identified during this survey were brought about by failures to record, monitor, and follow-up contacts between the Western Visiting Nurses, Inc., Therapy Coordinator and contracting therapists. This lack of communication resulted in a lack of information as to

1. That the contacts will be made in a timely manner,
2. When the therapist was actually called,
3. When the therapist actually made his or her initial visit, and
4. When the physician was notified of any delay—whether justifiable or unjustifiable.

Corrective actions had already begun before the surveyors left the building.

Specific Plan of Correction:

G143 – Coordination of Patient Services

Western Visiting Nurses, Inc., already employs a Therapy Coordinator. On August 8, 2006, a meeting was held between the Clinical Director and the Therapy Coordinator to effect corrections.

The initial visit to complete the comprehensive assessment and to develop the plan of care will be achieved within 48 hours of the date of our receipt of the referral, or the patient's discharge from a facility, or the physician's order for care to start. If a delay is absolutely necessary for the patient to receive the therapist he/she desires, the Agency will obtain a physician's prescription to delay the therapy evaluation. Of course, patient requests for delay must be honored, and the physician must be informed of any delay. Inability to make contact with the patient must also be documented.

- A. An existing form has been modified to include space for recording
 1. Initial contact(s) with therapist(s) concerning the new patient needs,
 2. Follow-up contacts with therapists to ascertain actual date of the initial visit to begin the comprehensive assessment,
 3. Beginning of therapeutic interventions, and
 4. Date physician informed of any delay beyond 2 days before the initial visit and any delay beyond 7 days before therapeutic intervention starts.

Survey completed: 8/8/2006

- B. Individual meetings will be held to remind all contractual and directly employed therapists of the 48-hour and 7-day requirement, as specified within our standard therapy contract. The Therapy Coordinator will schedule and complete visits with all therapists by September 15, 2006.
- C. Semi-monthly meetings will be held between the Clinical Director and the Therapy Coordinator to monitor compliance. The frequency of these meetings may be reduced to monthly once 100% compliance is achieved. These meetings will begin by September 15, 2006.
- D. The Agency will task clinical record review personnel to monitor visits performed by professionals to assure that all ordered visits are either performed or the reason for their non-performance is adequately documented and the physician notified.
- E. The Clinical Director is responsible to dismiss any therapist who does not willingly comply with these requirements.

The Clinical Director will monitor compliance.
Agency will be in compliance by September 15, 2006.

G157, N151 – Acceptance of Patients/Plan of Care

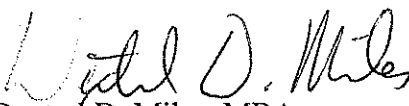
Acceptance of patients, plan of care, medical supervision – Agency therapy coordinator, in cooperation with Agency clinical record review staff, will assure that: The initial visit to complete the comprehensive assessment and to develop the plan of care will be achieved within 48 hours of the date of our receipt of the referral, or the patient's discharge from a facility, or the physician's order for care to start. If a delay is absolutely necessary for the patient to receive the therapist he/she desires, the Agency will obtain a physician's prescription to delay the therapy evaluation.

The Agency will task clinical record review personnel to monitor visits performed by professionals to assure that all ordered visits are either performed or the reason for their non-performance is adequately documented and the physician notified. Extra needed visits will be performed only after a licensed professional obtains an authorizing verbal order.

The Clinical Director will monitor compliance.
Agency will be in compliance by September 15, 2006.

All of the foregoing will be completed and maintained by September 15, 2006. The Administrator and the Board of Directors hereby state that the above-mentioned plan of correction will correct the deficiencies noted by the State of Idaho, Bureau of Facility Standards Surveyors.

Sincerely,


Dextral D. Miles, MBA
Administrator


Daniel W. Knight, RN
Clinical Director

Western Visiting Nurses, Inc.
1400 Benton
Idaho Falls, ID 83401
208-522-3291
wvni@qwest.net

8/31/2006

Bureau of Facility Standards
3232 Elder St.
PO Box 83720
Boise, ID 83720-0036

RE: Statement of Deficiencies – for survey ending 8/8/2006

Enclosed please find the Plan of Correction for the Statement of Deficiencies/Plan of Correction, Form CMS-2567. Attached to that form is a plan of correction signed by Mr. Miles, our Administrator, and myself.

We thank you for your courtesies and assistance during your survey.

If you have any questions regarding our plan to correct these deficiencies, please call at 208-522-3291.

Sincerely,



Daniel W. Knight, RN
President/Clinical Director

Encl: CMS Form 2567

Written plan of correction (2 pgs)

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